

CITY OF MEMPHIS INSURANCE AFFIDAVIT

(Instructions to Complete the Affidavit)

Please print your name on the top line of affidavit.

1. Check **YES** if you are confirming that you, the City of Memphis employee/retiree, have signed all forms and that you are the covered employee/retiree. Otherwise, check **NO**. Please be advised that this Affidavit will be null and void if the signatures on the forms are not the true signature(s) of the employee or retiree of the City of Memphis. All other approved signatures must have forms on file in the Health, Wellness and Benefits Service Center for Power of Attorney.
2. Check **YES** if you are adding or extending coverage for any dependent between the ages of 19 and 26. Otherwise, check **NO** and submit a completed notarized affidavit. Please be aware that if a dependent child is between the ages of 19-26 and has access to or is currently enrolled in a health insurance plan outside the city government, they cannot remain on your coverage. If you are adding or reinstating a dependent between the ages of 19-26, you must complete additional paperwork.
3. Check **YES** if you or any family member covered on your medical plan use nicotine products such as cigarettes, snuff, chewing tobacco, etc. A tobacco surcharge will be added to your medical premium for tobacco usage by you or any covered family member. Otherwise, check **NO**.
4. Check **YES** if your spouse is enrolled in another medical health plan. There will be no Spousal Surcharge. List details on the Other Insurance Information Form.
5. Check **YES** if your spouse has access to other medical insurance but chooses not to enroll.

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ATTN: The affidavit must be notarized before any changes can be made to your premium!

